

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6071 CERTIFICATE OF DEATH

06079

Reg. Dist. No. 350

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY 42	Worcester	MARYLAND	STATE Md
CITY OR TOWN 42	(If outside corporate limits, write RURAL and give nearest town) Worcester City	LENGTH OF STAY (in this place)	COUNTY Worcester
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00	212 Maple St.	STREET ADDRESS 212 Maple Street	1 (If rural give location)
3. NAME OF DECEASED: (Type or Print)		4. DATE (Month) OF DEATH	
Nora Mag. dyerbotte		(Day) 7	(Year) 1955
5. SEX: 2	6. COLOR OR RACE: C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH: Feb 10 1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker. & chicken plant		10B. KIND OF BUSINESS OR INDUSTRY: Poultry	9. AGE last birthday 102 yrs.
13. FATHER'S NAME: Unknown		11. BIRTHPLACE (State or foreign country): New church Va	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTY? H.S.C.	
16. SOCIAL SECURITY NO. 219-45-5710		17. INFORMANT & ADDRESS: John L. dyerbotte 212 Maple St. Worcester City Md	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 002X IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260X (A) DUE TO (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes 25X			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Aug. 14</u> , 1955, to <u>June 19, 1955</u> that I last saw the deceased alive on <u>June 6, 1955</u> , and that death occurred at <u>102</u> M. from the causes and on the date stated above. SIGNATURE			
23. BURIAL, CREMATION, DATE THEREOF REINTER (SPECIFY) Funeral, 6-12-55		NAME OF CEMETERY OR CREMATORIAL Ward town	LOCATION (City, town, or county) Pacomoke, Md (State) 5/8/55
DATE REC'D. BY LOCAL REGISTRAR June 12, 1955		REGISTRAR'S SIGNATURE Anne E. White	24. FUNERAL DIRECTOR ADDRESS Edgar W. Winstor - New church

BUREAU V. S.

JUN 15 1955

RECEIVED

6072

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

COUNTY Worcester

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)TOWN AccomackHOSPITAL OR
INSTITUTION OR
STREET ADDRESS
Home3. NAME OF
DECEASED:
(Type or Print)First) Carry Middle)

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MarylandCOUNTY Worcester

CITY (If outside corporate limits, write RURAL and give nearest town)

OR
TOWNSTREET
ADDRESS
Personal care and

(If rural give location)

4. SEX:

5. COLOR OR
RACE: M.6. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify): Single7. DATE OF BIRTH: August 14, 1897

8. DATE OF BIRTH:

9. AGE last birthday

IF UNDER 1 YEAR

67

Months

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired)10B. KIND OF BUSINESS
OR INDUSTRY: House keeper11. BIRTHPLACE (State or foreign country): Arkansas12. CITIZEN OF WHAT
COUNTRY? U.S.A.

13. FATHER'S NAME:

Ernest Bell

14. MOTHER'S MAIDEN NAME:

Savannah Little15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unk.) (If Yes, give war or dates
of service) No16. SOCIAL SECURITY NO. 267-14-8466

17. INFORMANT & ADDRESS:

Ellen Darden, Accomack

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

151X IMMEDIATE CAUSE

(A)
DUE TOCarcinoma of stomach

5 mos

ANTECEDENT CAUSE (S)

(B)
DUE TODISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

Post operativeII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.None

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

13/20/55 | Carcinoma of stomach - Far advanced20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25/55, to 6/11/55, that I last saw the deceased
alive on 6/11/55, and that death occurred at 6B M., from the causes and on the date stated above.
SIGNATURE Annie M. Badgley M. D. 508-5 on Recusee
ADDRESS 6/16/55

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)

REMOVAL (SPECIFY) Burial 6-17-55 oaklawn cemetery parkway, wa.DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE June 20, 1955 Anne E. White FUNERAL DIRECTOR Edgar arthur newchapel ADDRESS

BUREAU V. S.

JUN 22 1955

RECEIVED

6074

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

COUNTY **Worcester** MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town)
 TOWN **Berlin** LENGTH OF STAY (in this place)
 About 4 Mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS **At home - Route # 3**

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **Worcester**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 TOWN **Berlin** STREET ADDRESS (If rural give location)
Route # 3

3. NAME OF DECEASED: (First) **Elizabeth** (Middle) **Bundick** (Last)

4. DATE OF DEATH: (Month) **6** (Year) **1955**

5. SEX: **Female** 6. COLOR OR RACE: **A. A.** 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) **Married** 8. DATE OF BIRTH: **7-8-31** 9. AGE last birthday: IF UNDER 1 YEAR **23** yrs. IF UNDER 24 HRS. Months **10** Days **25** Hours **Min.**

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): **Laborer** 10b. KIND OF BUSINESS OR INDUSTRY: **Peanut Factory** 11. BIRTHPLACE (State or foreign country): **Franklin, Southampton Co. Va.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME:

Edward Henry

14. MOTHER'S MAIDEN NAME:

Maria Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **No** **No**

16. SOCIAL SECURITY NO.: **230-46-4515**17. INFORMANT & ADDRESS: **Mr. Samuel Hendricks, Franklin, Va.**

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X
Immediate cause

(a) DUE TO

Congestive heart failureInterval Between
Onset And Death
2 daysAntecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b) DUE TO

Rheumatic heart disease**9 yrs**

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, of office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?
 OF INJURY m. While at Not While At Work At Work

22. I hereby certify that I attended the deceased from **March 1955**, to **June 3, 1955**, that I last saw the deceased

alive on **June 3, 1955**, and that death occurred at **8:30 P.M.** from the causes and on the date stated above.

SIGNATURE (Degree or title) **H. Shely, Jr. M.D.**ADDRESS **Berlin, Md.** DATE SIGNED **June 4, 1955**

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)

REMOVAL (Specify) **Removal** **6-4-55** **Franklin Cemetery** **Franklin, Southampton Co. Va.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **Helen F Hayward** FUNERAL DIRECTOR **Mary A. Stewart,** ADDRESS **324 E. Church St., Salisbury, Maryland**

6-4-55

BUREAU V. S.

JUN 7 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6975

CERTIFICATE OF DEATH

06082

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY <i>Wicuster</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>md</i> COUNTY <i>Wicuster</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Snow Hill</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Snow Hill</i>	
LENGTH OF STAY (in this place) <i>60 yrs</i>		STREET ADDRESS (If rural give location) <i>1</i>	
3. NAME OF DECEASED: (Type or Print) <i>James Wilson Battinham</i>		4. DATE (Month) (Day) (Year) OF DEATH: <i>June 2 1955</i>	
5. SEX: <i>Male</i>	6. COLOR OR RAILS: <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED: <i>Married</i>	8. DATE OF BIRTH: <i>Dec. 7-1994</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Rural Letter Carrier</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i>99</i>	
11. BIRTHPLACE (State or foreign country): <i>Snow Hill, md</i>		12. CITIZEN OF WHAT COUNTRY? <i>Virginia</i>	
13. FATHER'S NAME: <i>Jonathan Battinham</i>		14. MOTHER'S MAIDEN NAME: <i>Virginia Wilson Battinham</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk) <i>Yes</i> , give year or dates <i>1941-1945</i>		16. SOCIAL SECURITY NO. <i>710</i>	
17. INFORMANT & ADDRESS: <i>myself, Wilson Battinham, Snow Hill, md</i>			
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>420.1</i> IMMEDIATE CAUSE <i>Acute Coronary Occlusion</i> ANTECEDENT CAUSE (S) <i>Hypertension Arteriolar Disease</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>5 yrs.</i>			
INTERVAL BETWEEN ONSET AND DEATH <i>10 Hours</i>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <i>at work</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>M.</i>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <i>falling</i>			
22. I hereby certify that I attended the deceased from <i>June 1, 1951</i> , to <i>June 2, 1955</i> , that I last saw the deceased alive on <i>June 2, 1955</i> , and that death occurred at <i>8:15 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>Robert L. Parker</i> ADDRESS <i>Snow Hill</i> DATE SIGNED <i>6-3-55</i>			
23. BURIAL CREMATION. DATE THEREOF REMOVAL (SPECIFY) <i>Funeral</i> <i>June 5, 1955</i>		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) <i>Mahmud Sulayman church</i> <i>Snow Hill</i> <i>md</i>	
DATE REC'D BY LOCAL REGISTRAR REGISTRAR <i>June 5, 1955</i>		REGISTRAR'S SIGNATURE <i>Elwyn C. Cooper</i> FUNERAL DIRECTOR ADDRESS <i>Elwyn C. Cooper</i> <i>Snow Hill, md</i>	

BUREAU V. S.

JUN 7 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06083

6076 CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Worcester</i>	MARYLAND	STATE <i>Md.</i>	COUNTY <i>Worcester</i>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Berlin</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Berlin</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>		STREET ADDRESS <i>R.D. (Ironshire) 1</i>	
3. NAME OF DECEASED: (Type or Print) <i>RICHARD</i>		4. DATE (Month) (Day) (Year) OF DEATH: <i>JUNE 20 1955</i>	
5. SEX: <i>MALE</i>	6. COLOR OR RACE: <i>WHITE</i>	7. SINGLE. MARRIED. WIDOWED, DIVORCED. (Specify) <i>Widow</i>	8. DATE OF BIRTH: <i>JUNE 20, 1889</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Farmer</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i>Our Farm</i>	
13. FATHER'S NAME: <i>George Cranfield</i>		11. BIRTHPLACE (State or foreign country): <i>MARYLAND</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO. <i>No</i>		14. MOTHER'S MAIDEN NAME: <i>UNKNOWN</i>	
17. INFORMANT & ADDRESS: <i>Mrs. Gladys Mitchell, Berlin, Md.</i>			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>431X</i> IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>acute myocarditis</i> <i>Hypertension</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>M.</i>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>53</i> , 19, to <i>20</i> , 1955, that I last saw the deceased alive on <i>6-18-55</i> , and that death occurred at <i>1018</i> , M, from the causes and on the date stated above. SIGNATURE <i>Clifford E. Schott</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>6/23/55</i>	
DATE REC'D BY LOCAL REGISTRAR <i>June 23, 1955</i>		NAME OF CEMETERY OR CREMATORIUM <i>Evergreen</i>	
REGISTRAR'S SIGNATURE <i>Helen F. Hayward</i>		LOCATION (City, town, or county) <i>Berlin</i>	
24. FUNERAL DIRECTOR <i>Anna A. Burbage</i>		ADDRESS <i>Berlin, Md.</i>	

BUREAU V.

JUN 27 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester -		Ocean City MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Ocean City		LENGTH OF STAY (In this place) 1 day		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington, D.C. 47X-3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 000 Botto Ave at 6th St.		STREET ADDRESS 3717 Warren St. N.W.		(If rural, give location)	
3. NAME OF DECEASED: (Type or Print) Edward		(First) Francis (Middle) CRONIN		4. DATE OF DEATH 6 25 19 55	
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Sept. 14 1936	9. AGE last birthday: 18 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Student		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Louisville, Kentucky	
13. FATHER'S NAME: Thomas J. CRONIN		14. MOTHER'S MAIDEN NAME: Nora Magrath		12. CITIZEN OF WHAT COUNTRY USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.: None		17. INFORMANT & ADDRESS: T.J. Cronin, father, Wash D.C.	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 929.8 Immediate cause (a) Drowning, accidental Diseases or conditions, if any, (b)..... giving rise to the above cause DUE TO stating underlying cause last (c).....					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.....					
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF strct, office bldg., etc., INJURY Ocean		21c. (City or town) Ocean City (County) W 23 Md (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4 44 PM June 25 1955		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? while drowning in Ocean.	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> SIGNATURE D. J. Cronin					
23. BURIAL, CREMATION REMOVAL (Specify): Burial		DATE THEREOF 6/29/55		NAME OF CEMETERY OR CREMATORIAL Dwight Oliver	
DATE REC'D BY LOCAL REG. June 26, 1955		REGISTRAR'S SIGNATURE Helen F. Hayes		LOCATION (City, town, or county) Washington, D.C. ADDRESS D. Burbage, Berlin Md	
24. FUNERAL DIRECTOR		D. Burbage		DATE SIGNED June 26 55	

BUREAU V. S.

JUN 29 1955

RECEIVED

6978

CERTIFICATE OF DEATH

Reg. Dist. No. 351

17239

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Worcester MARYLAND		STATE Maryland COUNTY Worcester			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN R.F.D. #1		OR TOWN			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (in this place)			
Home		STREET ADDRESS			
3. NAME OF DECEASED: (Type or Print)		(First) (Middle) (Last)			
4. DATE (Month) OF DEATH: June 26 1955		5. SEX: M. 6. COLOR OR RACE: C. 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)		8. DATE OF BIRTH: Feb. 26, 1880	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY: Farm		9. AGE last birthday 75 yrs.	
Laborer		11. BIRTHPLACE (State or foreign country): Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:			
Purnell Drummond		Annie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
No		None		Christeana S. Drummond Snow Hill, Md	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		19. ANTECEDENT CAUSE (S):		20. INTERVAL BETWEEN ONSET AND DEATH	
H34.1 IMMEDIATE CAUSE		(A) DUE TO Pulmonary edema Congestive Heart Failure		48 hours	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) DUE TO		21. (C) Numb	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		an aneurysm of the aorta		several years	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
M.					
22. I hereby certify that I attended the deceased from 7/23, 1955, to 6/22, 1955, that I last saw the deceased alive on 6/22, 1955, and that death occurred at 1:00 AM, from the causes and on the date stated above. SIGNATURE: <i>Sidney E. Shely, Jr.</i> ADDRESS: <i>Berlin, Md.</i> DATE SIGNED: <i>6/28/55</i>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
Burial		6-29-55		Bayside Orancock V.A.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
July 1, 1955		Eliza E. Cooper		Edgar Wharton-Newchurch, Va.	

BUREAU V. 2

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6979

06085

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY <i>Wicentier</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>md</i> COUNTY <i>Wicomico</i>	
CITY (If outside corporate limits, write RURAL OR <input type="checkbox"/> and give nearest town) TOWN <i>Berlin Rural #3</i>		CITY (If outside corporate limits write RURAL and give nearest town) OR <input type="checkbox"/> TOWN <i>Shuttleland</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (in this place) <i>2 weeks</i>	
3. NAME OF DECEASED: (Type or Print) <i>Raymond</i>		(First) <i>Raymond</i> (Middle) <i>Duncan</i> (Last)	4. DATE OF DEATH <i>June 21</i> (Month) <i>June</i> (Day) <i>21</i> (Year) <i>1955</i>
5. SEX: <i>male</i>	6. COLOR OR RACE: <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH: <i>April 7-1917</i> 61-2-19 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <i>Formerly</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>Hired Hand</i>	9. AGE last birthday: <input type="checkbox"/> UNDER 1 YEAR Months <i>6</i> Days <i>1</i> Hours <i>0</i> Min.
13. FATHER'S NAME: <i>Samuel Duncan</i>		14. MOTHER'S MAIDEN NAME: <i>Mary Wright</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>no</i> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: <i>None</i>	17. INFORMANT & ADDRESS: <i>Edith Timmons Berlin, md</i>
18. MEDICAL CERTIFICATION <i>Rural #3</i>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 163X Immediate cause (a) <i>Asphyxia</i> DUE TO Antecedent cause(s) (b) <i>Hemorrhage in Trachea</i> 5 min. Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) <i>Carcinoma Right Lung</i> 15 min. stating underlying cause last (c) <i>Fracture Right Tibia Nov 1954</i> 1 yr.			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:		
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)	21c. (City or town) <i>Fayston</i>	(County) <i>Wicomico</i>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>June 21 1955</i>	21e. INJURY OCCURRED While at M. work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <i>John H. La Mar</i>			
23. BURIAL, CREMATION, REMOVAL (Specify): <i>Burial</i>	DATE THEREOF <i>June 24/55</i>	NAME OF CEMETERY OR CREMATORY <i>Taylor State</i>	LOCATION (City, town, or county) <i>Snow Hill</i> (State) <i>md</i>
DATE REC'D BY LOCAL REG. <i>June 23, 1955</i>	REGISTRAR'S SIGNATURE <i>Helen L. Haywood</i>	FUNERAL DIRECTOR <i>Clay Dennis</i>	ADDRESS <i>Snow Hill, md</i>

BUREAU V. S.

JUN 27 1965

RECEIVED

6073

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY <u>Worcester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Worcester</u>					
CITY (If outside corporate limits, write RURAL OR TOWN <u>Pocomoke</u>) LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>oo</u> <u>Market Street</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Pocomoke</u> STREET ADDRESS <u>42 market Street</u>					
3. NAME OF DECEASED: (First) <u>Henry</u> (Middle) <u>R.</u> (Last) <u>Higgs</u>		4. DATE (Month) (Day) (Year) OF DEATH <u>June 23</u> <u>1955</u>					
5. SEX: <u>Male</u> 6. COLOR OR RACE: <u>white</u> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <u>single</u>		8. DATE OF BIRTH: <u>Oct 10-1881</u>					
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Retired Farmer (own)</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>none</u>					
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13. FATHER'S NAME: <u>William L. Higgs</u>		14. MOTHER'S MADDEN NAME: <u>Jane Powell</u>					
15. WAS DECEASED EVER IN U.S. ARMOED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>					
17. INFORMANT & ADDRESS: <u>Mr Francis Higgs</u> <u>Pocomoke Md.</u>		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>290.0</u> IMMEDIATE CAUSE <u>Acute heart failure</u> ANTECEDENT CAUSE (S) <u>Chronic Myocarditis</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>Per. Anemia</u> <u>over exertion</u>		(A) DUE TO <u>Chronic Myocarditis</u> (B) DUE TO <u>Per. Anemia</u> (C) DUE TO <u>over exertion</u>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>None</u>		19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 23</u> , 1955, to <u>June 23</u> , 1955, that I last saw the deceased alive on <u>June 23</u> , 1955, and that death occurred at <u>3 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>W. S. Gartrell</u> ADDRESS <u>Pocomoke City Md.</u> DATE SIGNED <u>6/24/55</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>June 25-1955</u>		NAME OF CEMETERY OR CREMATORIUM <u>Salem M. C. Cemetery</u>		LOCATION (City, town, or county) (State) <u>Pocomoke Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>June 25, 1955</u>		REGISTRAR'S SIGNATURE <u>Anne C. White</u>		FUNERAL DIRECTOR <u>Henry J. Watson</u>		ADDRESS <u>Pocomoke Md.</u>	

BUREAU Y.

JUN 27 1955

RECEIVED

6980

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

COUNTY

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)

TOWN

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS3. NAME OF
DECEASED:
(Type or Print)

SEX:

RACE:

COLOR OR
RACE:7. SINGLE, MARRIED,
WIDOWED, DIVORCED

8. DATE OF BIRTH

10A. USUAL OCCUPATION (Give kind of
work done during last 6 months of working life,
even if retired)10B. KIND OF BUSINESS
OR INDUSTRY:

13. FATHER'S NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

16. SOCIAL SECURITY NO.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(A)
DUE TO(B)
DUE TO

(C)

Acute Pulmonary Edema

Myocardial Insufficiency

Acute Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

14 Hours

3 wks

14 Hours

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH, BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR? (County) (State)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953 to June 1955, that I last saw the deceased
alive on June 16, 1955, and that death occurred at 11 AM from the causes and on the date stated above.
SIGNATURE: *Edith L. Lapham* ADDRESS: *1117-55* DATE SIGNED: *1955*23. BURIAL, CREMATION, DATE THEREOF
REMOVAL (SPECIFY)

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

REGISTRAR: *June 19, 1955* SIGNATURE: *Ellyn E. Cooper*

24. FUNERAL DIRECTOR

ADDRESS: *Snow Hill, MD*

BUREAU Y. 2

JUN 28 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

107241

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY <i>Wicomico</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>MD</i> COUNTY <i>Wicomico</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>Snow Hill</i> LENGTH OF STAY (in this place) <i>62 yrs</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Snow Hill</i> STREET ADDRESS <i>(If rural give location)</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>		3. NAME OF DECEASED: (First) <i>Emily</i> (Middle) <i>Bell</i> (Last) <i>Halloway</i>	
SEX: <i>Female</i>	6. COLOR, OR RACE: <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH: <i>April 28-1863</i> 9. AGE last birthday <i>92 2/1</i> yrs
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i>own home</i>	
11. BIRTHPLACE (State or foreign country): <i>Parsonbury, MD</i>		12. CITIZEN OF WHAT COUNTRY? <i>MD</i>	
13. FATHER'S NAME: <i>Samuel Riley</i>		14. MOTHER'S MAIDEN NAME: <i>Mary Jane Bettard</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) <i>No</i> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT & ADDRESS: <i>Mrs Ralph E. Shadley, Snow Hill, MD</i>		18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>422.1</i> IMMEDIATE CAUSE <i>Acute Pulmonary Edema</i> INTERVAL BETWEEN ANTECEDENT CAUSE (S) <i>Myocardial T. block + Atherosclerosis</i> ONSET AND DEATH <i>1 day</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>904.9</i> (C) <i>Fracture Left Femur</i> 5 yrs 3 months	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Fracture Left Femur</i>		19A. DATE OF OPERATION: <i>1955</i> 19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21B. PLACE (Home, farm, factory, street, office bldg., etc.) <i>Parsonbury, MD</i>		21C. WHERE DID (City or town) <i>Parsonbury</i> (County) <i>MD</i> (State) <i>MD</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>7-1-55</i>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>January, 1955</i> , to <i>June 30, 1955</i> , that I last saw the deceased alive on <i>June 30, 1955</i> , and that death occurred at <i>9:05 AM</i> , from the causes and on the date stated above. SIGNATURE <i>Robert La Mar</i> ADDRESS <i>Snow Hill</i> DATE SIGNED <i>7-1-55</i>	
23. BURIAL Cremation, DATE THEREOF REMOVAL (Specify) <i>Funeral</i>		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <i>Parsonbury, MD</i> (State) <i>MD</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>July 2, 55</i>		24. FUNERAL DIRECTOR ADDRESS <i>Ellyn E. Cooper College Annex, Snow Hill, MD</i>	

BUREAU V. S.

JUL 12 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Worcester</u>		STATE <u>Maryland</u> COUNTY <u>Baltimore</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Ocean City</u>		LENGTH OF STAY (in this place) <u>1 week</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>105 Caroline Street</u>		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Baltimore</u> 14 3801-4			
3. NAME OF DECEASED: (Type or Print) <u>HENRY</u>		4. DATE OF DEATH <u>June 25</u> 1955			
(First) <u>Philip</u> (Middle) <u>Lohrey</u> (Last)		5. SEX: <u>M</u> 6. COLOR OR RACE: <u>W</u>			
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>M</u>		8. DATE OF BIRTH: <u>Oct 11 1903</u>			
9. AGE last birthday: <u>51</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Policeman</u>			
11. BIRTHPLACE (State or foreign country): <u>Baltimore Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME: <u>Philip Harry Lohrey</u>		14. MOTHER'S MAIDEN NAME: <u>Josephine Solomon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: <u>215-32-6288</u> 17. INFORMANT & ADDRESS: <u>Mrs. Ursella M. Lohrey Baltimore 4, Md</u>			
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1 Immediate cause (a) <u>Coronary + bivortosis, acute</u> DUE TO Antecedent cause(s) (b) <u>Arteriosclerotic C.V.D.</u> Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) <u>Diabetes Mellitus</u> 15 minutes 260X 10 years 1 year					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) <u>Baltimore</u> (County) <u>Md</u> (State) <u>Md</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> SIGNATURE <u>Donald W. Jr.</u> CHIEF MEDICAL EXAMINER <u>Donald W. Jr.</u> DATE SIGNED <u>June 25, 1955</u> DEPUTY MEDICAL EXAMINER <u></u> ASSISTANT MEDICAL EXAM. <u></u>					
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>June 25, 1955</u> NAME OF CEMETERY OR CREMATORIAL <u>Oaklawn Cemetery</u> LOCATION (City, town, or county) <u>Baltimore, Md</u> (State) <u>Md</u>			
DATE REC'D BY LOCAL REG. <u>June 25, 1955</u>		REG. <u>Helen L. Hayward</u> REG. <u>Anna A. Burback</u> 24. FUNERAL DIRECTOR ADDRESS <u>Bethesda, Md</u>			
REG. <u>Helen L. Hayward</u>		REG. <u>Anna A. Burback</u> ADDRESS <u>Bethesda, Md</u>			

BUREAU Y. S.
RECEIVED

JUN 28 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 350

Reg. Dist.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY <i>Worcester</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Md</i> COUNTY <i>Worcester</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Stockton - Rural</i>		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <i>Rural - Stockton</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <i>Rabbit Trap</i> (If rural, give location)	
3. NAME OF DECEASED: (Type or Print) <i>Donald Stephen Loughran</i>		(First) <i>Donald</i> (Middle) <i>Stephen</i> (Last) <i>Loughran</i>	4. DATE OF DEATH <i>June 4</i> (Month) <i>June</i> (Day) <i>4</i> (Year) <i>1955</i>
5. SEX: <i>M</i>	6. COLOR OR RACE: <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <i>Single</i>	8. DATE OF BIRTH: <i>8/15/1948</i> 5 (Year) 9. AGE last birthday: <i>5</i> (If UNDER 1 YEAR yrs. <i>5</i> Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>)
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>None</i>	11. BIRTHPLACE (State or foreign country): <i>Memphis Tenn</i> 12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13. FATHER'S NAME: <i>Donald Stephen Loughran</i>		14. MOTHER'S MAIDEN NAME: <i>Willa C. Gent</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>Yes</i> (If Yes, give war or dates of service) <i>W.W. II</i>		16. SOCIAL SECURITY NO.: <i>123-45-6789</i>	17. INFORMANT & ADDRESS: <i>Donald S. Loughran</i>
18. MEDICAL CERTIFICATION <i>Fractured skull Struck by an Automobile</i>			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) <i>Fractured skull</i> DUE TO <i>Struck by an Automobile</i> Antecedent cause(s) (b) <i>None</i> Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) <i>None</i>			
2. INTERVAL BETWEEN ONSET AND DEATH			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: <i>None</i>		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, of street, office bldg., etc.) <i>Road</i> (City or town) <i>Stockton Rd., Worcester, Md</i> (County) <i>Worcester</i> (State) <i>Md</i>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>June 4 1955 3:00 P.M.</i>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>Struck by a Dodge Automobile</i>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <i>R. J. Gatzinger</i>			
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) <i>Burial June 8-1955</i>		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <i>Roxbury Mc Cemetery, Rural Pocomoke Md</i> (State) <i>Md</i>	
DATE REC'D BY LOCAL REG. <i>June 8, 1955</i>		REG. <i>Anne E. White</i> 24. FUNERAL DIRECTOR ADDRESS <i>Henry Madatian Pocomoke Md.</i>	

BUREAU V. S.

JUN 10 1955

RECEIVED

6784

CERTIFICATE OF DEATH

Reg. Dist. No.

06090

1. PLACE OF DEATH:

COUNTY Berlin, Worcester MARYLAND
 CITY (If outside corporate limits, write RURAL or and give nearest town)
 TOWN Route # 2

HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS
 oo

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY Worcester
 CITY (If outside corporate limits, write RURAL, and give nearest town)
 TOWN Berlin

STREET ADDRESS
 (If rural give location) /

3. NAME OF
 DECEASED:
 (Type or Print)(First) JASPER(Middle) JAKE(Last) Murrell4. DATE
 OF
 DEATH:

6 9 1955

5. SEX:

Male

6. COLOR OR
 RACE:

A. A.

7. SINGLE, MARRIED,
 WIDOWED, DIVORCED,
 (Specify):

Single

8. DATE OF BIRTH:

5-15-16

9. AGE last birthday:

39

IF UNDER 1 YEAR
 yrs. Months Days Hours Min.10a. USUAL OCCUPATION. Give kind of
 work done during most of working life,
 even if retired):

HABORER

10b. KIND OF BUSINESS OR
 INDUSTRY:

Poultry

11. BIRTHPLACE (State or foreign country):

Kinston, N.C.

12. CITIZEN OF WHAT
 COUNTRY?

U.S.A.

13. FATHER'S NAME:

Wilmer Murrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
 (Yes, no, or unk.) (If Yes, give war or dates of
 service)

No

16. SOCIAL SECURITY NO.:

243-16-3153

17. INFORMANT & ADDRESS:

Mrs. Ida Wade, Berlin, Md. P.O. Box 183

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
 Immediate cause

(a) DUE TO

Coronary thrombosis

Interval Between
 Onset And Death
 10-15 minAntecedent causes (s)
 Diseases or conditions, if any,
 giving rise to the above cause
 stating the underlying cause last.

(b) DUE TO

Acute myocardial infarction

4 days

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
 related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
-------------------------------------	-----------	--	----------------	----------	---------

TIME (Month) OF INJURY	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?
------------------------------	-------	--------	--------------	--	-----------------------

22. I hereby certify that I attended the deceased from 6/5, 1955, to 6/8, 1955, that I last saw the deceased
 alive on 6/8, 1955, and that death occurred at 1:30 PM 6/11/55 from the causes and on the date stated above.
 SIGNATURE John H. Shulley Jr. M.D. ADDRESS Berlin, Md. DATE SIGNED 6-11-55
 (Degree or title)

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF <u>6-12-55</u>	NAME OF CEMETERY OR CREMATORIUM <u>EVERGREEN Cemetery</u>	LOCATION (City, town, or county) <u>Berlin</u>	(State) <u>Md.</u>
--	--------------------------------	--	---	-----------------------

DATE REC'D BY LOCAL REGISTRAR <u>6-12-55</u>	REGISTRAR'S SIGNATURE <u>Robert Hayward</u>	24. FUNERAL DIRECTOR <u>STEWART FUNERAL HOME</u>	ADDRESS <u>Salisbury, Md.</u>
--	--	---	----------------------------------

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
 age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 14 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06091

6985

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH COUNTY <u>Worcester</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Bishop, Md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Bishop</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		STREET ADDRESS <u>rural</u>	
3. NAME OF DECEASED (Type or Print) <u>Thomas Peter Postley</u>		4. DATE OF DEATH <u>June 20</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		9. AGE last birthday 85	
10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>Peter Postley</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
15. WAS DECRSED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT AND ADDRESS <u>addie P. Postley</u>		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446X

Immediate cause

18. MEDICAL CERTIFICATION

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last(a) Pneumasec & Nephrosclerosis, chronic,

6 mo.

(b) Atherosclerosis, generalized

5 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY						

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?				
--	--	-----------------------	--	--	--	--

22. I hereby certify that I attended the deceased from Jan, 1955, to 20 June, 1955, that I last saw the deceased
alive on 20 June, 1955, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>Funeral June 23, 1955</u>	NAME OF CEMETERY OR CREMATORIAL <u>Whalleyelle</u>	LOCATION (City, town, or county) <u>Whalleyelle Md.</u>
DATE REC'D BY LOCAL REG. NO.	REG. NO.	REG. NO.	ADDRESS
REG. NO. <u>June 29, 1955</u>		REG. NO. <u>Hilda Berger</u>	REG. NO. <u>Steuny Watson</u>
REG. NO. <u>June 29, 1955</u>		REG. NO. <u>Steuny Watson</u>	REG. NO. <u>Pacifique City</u>

BUREAU Y. S.

JUN 29 1955

RECEIVED

6086

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

COUNTY

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN

HOSPITAL OR
INSTITUTION OR
STREET ADDRESSLENGTH OF STAY
(in this place)

2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

COUNTY

Md

Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town)

OR
TOWN

Hocomoke City

42

STREET
ADDRESS

(If rural give location)

1

3. NAME OF
DECEASED:
(First)
(Type or Print)

(Middle)

(Last)

4. SEX:

6. COLOR OR
RACE:7. SINGLE, MARRIED,
WIDOWED, DIVORCED

8. DATE OF BIRTH:

9. AGE last birthday

IF UNDER 1 YEAR
Months DaysIF UNDER 24 HRS.
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):10B. KIND OF BUSINESS
OR INDUSTRY

13. FATHER'S NAME:

John W. Nathan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unk.) (If Yes, give war or dates
of service)

16. SOCIAL SECURITY NO.

70

None

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

239X

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(A)
DUE TO

Cachexia and inanition

(B)
DUE TO

Mixed Cell Tumor of the Right

(C)

Submaxillary Salivary Gland.

INTERVAL BETWEEN
ONSET AND DEATH

3 aks

1 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from April 1, 1955, to June 12, 1955, that I last saw the deceased
alive on June 11, 1955, and that death occurred at 6:30 P.M. from the causes and on the date stated above.
SIGNATURE: Joseph La Mar
ADDRESS: DATE SIGNED: M.D. 6-13-5523. BURIAL, CREMATION, DATE THEREOF
REMOVAL (SPECIFY)

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

DATE REG'D BY LOCAL REGISTRAR'S SIGNATURE
REGISTRAR: June 14, 1955 Joseph E. Cooper24. FUNERAL DIRECTOR, ADDRESS
ADDRESS: E. Cooper

BUREAU Y. S.

JUN 28 1965

RECEIVED

6087

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY

Worcester

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN

Ocean City

LENGTH OF STAY
(in this place)

2 years

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS3. NAME OF
DECEASED:
(Type or Print)

William

Alfred

(Middle)

Vawter

(Last)

5. SEX:

6. COLOR OR
RACE

Male

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired)

Rail Conductor

10B. KIND OF BUSINESS
OR INDUSTRY:

Railroad

8. DATE OF BIRTH:

May 7, 1872

9. AGE last birthday

83

IF UNDER 1 YEAR
Months

Days

Hours

Min.

11. BIRTHPLACE (State or foreign country):

Virginia

12. CITIZEN OF WHAT
COUNTRY:

USA

13. FATHER'S NAME:

John W. Vawter

14. MOTHER'S MAIDEN NAME:

Elizabeth Kane

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

719-05-6831

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 X

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(A) DUE TO

Interschistic cardio renal disease

INTERVAL BETWEEN
ONSET AND DEATH

3 years

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

Chronic pyelonephritis

1 year

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

19C. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work 21C. WHERE DID (City or town) (County) (State)
INJURY OCCUR?

M.

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1953 to 16 June, 1955, that I last saw the deceased

alive on 16 June, 1955, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (SPECIFY)

Burial

DATE THEREOF

June 18, 1955

NAME OF CEMETERY OR CREMATORI

Maple Park Cemetery

LOCATION (City, town, or county) (State)

Bluefield, West Virginia

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Helen F. Hayward

24. FUNERAL DIRECTOR

ADDRESS

Homer J. Barber Berlin, N.Y.

BUREAU Y

JUN 21 1955

RECEIVED